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CONTAGIOUSNESS OF TYPHOUS FEVER.

The Contagiousness of Typhous Fever. By JONATHAN SIBLEY, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN September, 1799, I took lodgings in the town of Union, Lincoln County, Me., and soon went into the practice of medicine, surgery, and midwifery. My first case of fever was on Appleton Ridge, a man about twenty-six years old. The account which he gave of himself was, that he had lately been to a military muster, had drank pretty freely, and fatigued himself at night by dancing. I made him a few visits, prescribed emetics, cathartics, &c., and applied a blistering plaster. But the patient becoming delirious, and his friends having but a poor opinion of physicians and medicine, he was neglected, and finally died. Soon after the death of this person, two children in the same family became sick with fever—one a male, about sixteen years old, and the other a female about fourteen. These two children occupied the only bed in an old log house, entirely destitute of glass. I attended them two or three weeks. They both recovered. These, then, were, undoubtedly, cases of typhous fever: the first brought on by a debauch, and the two latter by infection from the former.

In May, the next year (1800), a robust, middle-aged man fatigued himself very much by night on board a vessel, which was coming into George's river. He left the vessel, and went immediately to his home in Hope, near the banks of the river. In a few days he was sick with typhus; it was severe, and lasted long. In the early stages of this case, there was furious delirium and want of sleep; and then followed great emaciation of body and fatuity of mind. The man finally recovered. This man had a large family, who were all sick in the course of the summer and fall, one after another. The children were but slightly affected. In the course of this season, there were many other cases of typhous fever in the neighborhood. Many of these cases were, undoubtedly, caused by contagion from those who had been previously sick; but some were sick with this fever who had never been exposed by visiting or seeing others who were sick. This complaint continued in the west part of Hope, and in Appleton, from May to the end of the year. About fifty were sick—no deaths.

In October of this year, I had the ſever myſelf in Union. I have no doubt I took the diſeaſe of my patients in Hope. I was confined about a week, but ſoon recruited, with the loſs of moſt of my hair. A young man, where I boarded, had the ſever ſlightly, ſoon after I left my room. The next January, a young woman was ſick in Union with typhous ſever, who had been living at Hope a ſew days in December, where the ſever had prevailed the ſall before. It was reported that ſhe had lodged in beds which had not been well cleanſed. There can be no doubt, in my mind, but this perſon obtained the ſever in Hope while ſhe was there, as ſhe could not have been expoſed anywhere elſe; nor is it at all likely ſhe could have had the diſeaſe from the peculiar nature of the atmoſphere, at that cold ſeaſon of the year.

In July, 1801, a young man from Union made a trip to the State of Maſſachuſetts. When at Boſton, about to return home, he found himſelf unwell, and ſent for a phyſician, who gave him a doſe of jalap and calomel, and then told him he would have a ſever. He ſoon took paſſage from Boſton to Waldoborough by water. From Waldoborough this man ſtarted for Union by land; but in the night, on his way, he became loſt in the woods, where he ſuffered much from anxiety, ſatigue, ſickneſs, and night air. He reached Union the next day, and went into a large ſamily, where he had a moſt ſevere fit of ſickneſs by typhous ſever. Here I took the diſeaſe the *ſecond* time—was confined to my chamber two weeks; but I was once more reſtored to health, with the loſs of my hair again. Moſt of the members of this large ſamily took the ſever from this man, as I did: ſome were very ſick, but none died. So much for the contagious nature of typhous ſever.

I have now been in the town of Union more than thirty years, in regular practice, and have ſeen many, very many, caſes of typhous ſever—I preſume hundreds. The average number of deaths by typhous ſever, among thoſe that I have attended in this country, I think will not exceed one in ſorty; perhaps not more than one in fifty, of the whole number.

Aged people have rarely been affected by this diſeaſe. Children more ſrequently; but the middle aged, and more eſpecially the youth of large ſamilies, ſeldom eſcape whenever the diſorder makes its appearance among them. In ſuch ſamilies, it uſually laſts three or ſour months before it finiſhes its ravages.

I do not perceive that local ſituation has any influence upon this diſeaſe; or that the inhabitants in one ſituation or place are any more liable to this diſeaſe, or ſare any harder when they are ſick with it, than the inhabitants of any other place. Nor am I able to ſay, or even to conjecture, why the diſeaſe ſhould *naturally* prevail any more in one year than in another; but temperature has certainly an influence upon it. When it breaks out anew, it is always in the warm ſeaſon of the year, and generally in the latter part of ſummer; and then, from ſome cauſe or other, it ſeems much inclined to keep lurking about the country till winter, when it always ceaſes to exiſt, except in ſuch caſes as are communicated by the contagious or infectious nature of the diſeaſe, from thoſe who are ſick to thoſe who are well.

Dr. Smith, of—all along the Connecticut river, ſays he has 'never known or heard of its recurrence in the ſame perſon.' I have *myſelf* had the typhous fever *twice*. Another person, who has been a neighbor to me more than thirty years, has also had the typhous fever twice. These are the only cases of its 'recurrence in the same person' which have come to my knowledge, and they are cases in which I could not be deceived. I first had this fever in 1800, and then again in 1801. The other person was sick with the same disease, first in 1802, and then again in 1810. We were both young when we had the disease the first and second time, and had both been much exposed to the infection, each time, by attending those who were sick. Dr. Bristow, of Warren, informed me that he had known one person to have the typhous fever twice in one year. The 'recurrence' of the typhous fever in the same person is, I think, a *rare* occurrence.

Young men who go from the New England States to the West Indies, or the Southern States, in the summer season, are, as I am told, very liable to have the fever of those countries; and when they recover they are thought to be somewhat acclimatized, and not so liable to have the same fever again. They become seasoned to the climate: this has been called a seasoning fever. Young men who have come from the westward into this country, in times past, I have considered *more* liable to take the typhous fever, than the natives who were born here; and after they have had the fever once, they are certainly not so liable to have it again;—are they not, by this means, seasoned to this climate?

There have been but few years of the many that I have spent in this country, in which typhus has not appeared among us. In some seasons there were but few cases—in other seasons many. One year, when there were many cases of typhus in different parts of the country—a kind of sporadic, perhaps—I kept watch of them as well as I could, and made my calculation that about one half or two thirds of the people who were sick with the disease, had been exposed to others who had been sick with the same disease, and were thought to have taken the infection from them; but of the others, no particular cause could be assigned whatever, why they should have the fever at all, unless we attribute it to a certain gas, or vapor, which arises from the surface of the earth in our summers! In some seasons there have been several persons complaining, at different times, of headache, sickness, debility, pain in their limbs, foul mouth, &c., who applied to me for assistance; but after taking a few grains of tart. antim. and calomel, in divided doses, or perhaps a scruple of jalap, were well in a few days, thinking these medicines had 'broken up the fever.' Many cases of this kind have occurred to me in practice; but whether they would, if left to themselves, have finally been real cases of idiopathic typhous fever, I cannot tell.

Dr. Smith calls the typhous fever a 'specific disease, a sui generis.' Dr. Armstrong, of London, says, 'In 1819 I attended a patient with intermittent fever, which in its progress put on a remittent character, and that again assumed the continued character, but with all the most malignant signs of what is usually denominated typhous fever. The fact of intermittent, remittent, and continued typhus passing and repassing into each other, proves their common origin;' and he considers what is called malaria, or marsh effluvia, the sole cause of this disease, which (when it has assumed the form of a continued typhus) may be propagated from one person to another by contagion. If malaria, or marsh effluvia, be the primary source of typhous fever in London, it is probably the primary source of typhus all over the world. I do not know that I have ever seen a single case of well-marked intermittent or remittent fever which originated in this country. Whatever I may have seen of the intermittent kind, has been imported from a warmer climate; and as to the remittent form of fever, I can say nothing from experience, except what takes place in the decline of typhus, which, after a *hard run* of the disease, seems to assume a remittent form, having an exacerbation or paroxysm every day, and a remission at night. As the disease declines, these paroxysms of heat become shorter and shorter, and the remissions longer, of course, till the disease finally wears itself out, occasionally leaving its victim with a rheumatic affection in the hip, or with a swollen and clumsy leg.

That the typhous fever (and, if Dr. Armstrong be correct, the intermittent and remittent fever likewise) may be caused or brought into existence by malaria, or marsh effluvia, I do not pretend to deny, or even to doubt: but in this country we have no marshes or bogs which have been accused of making us sick; nor do the people who live on the low land, or beside meadows and fresh water, appear to be more liable to this or any other disease than the people who live upon the high land, or in the back woods. I have yet to learn (or yet to remain ignorant) what this general cause of fever may be, and how it produces its effects; but 'such knowledge is too wonderful for me; it is high; I cannot attain unto it.' I will endeavor to speak only of effects. May not this malaria, miasmata, or gaseous vapor from the earth, this 'secret peculiarity in the constitution of the atmosphere,' this unknown 'occult quality of the air,' sometimes produce fever in some of those persons who have been exposed to the contagion of those who were sick, and were thought to have taken this disease by infection from them; and so, in fact and truth, be a more *general* cause of fever than has been suspected?

To me there is, evidently, *something* peculiar in the nature of typhous fever. I have seen a few cases of *specific* typhus in adults, and many in children, so slight that they could scarcely be perceived—most certainly could not be distinguished at the time; yet in all cases of idiopathic typhus (however slight) the hair falls off.

However frequently Dr. Cullen may have seen cases in his genera of synocha and synochus in Scotland, I do not know; but in Maine, *my* observations and experience seem to correspond with what Dr. Smith has written, when he says, 'I have never witnessed a single case of continued fever, except *typhus*, which was not either the effect of contagion, as the small-pox, measles, &c., or evidently connected with local inflammation, and dependent upon it.'

I once knew a robust, middle-aged man, who had a slight attack of pleurisy in November. He was bled, and but little else done for him. In a few days he was at his work. In December, one month after, I found him at night raving with typhus. I gave him a large dose of jalap and calomel, and applied a blistering plaster to the back of his neck. The next morning, when I called to see him, he was 'clothed and in his right mind,' but his typhus lasted two or three weeks. These two cases of fever in the same person, with an intervention of only one month, were entirely distinct and independent of each other. I have never known a typhous fever begin with a pleuritic pain in the side; but in the progress of the disease, more especially in the decline of it, I have known this pain to supervene, and in one case it was very severe.

A man who had been sick with jaundice a year or two, and was yellow as a lemon, was attacked with pleurisy. I bled him; the blood looked like yellow dye. This man was treated on the common principles for pleurisy, and the disease lasted only the usual time. In a few weeks after the pleurisy left him, he died with jaundice.

I place no confidence in what I have read about critical days in fever, nor have I learned anything respecting them by experience. I cannot often tell when a fever begins. People frequently ask me when the fever will turn. This is a very embarrassing question; and the only proper answer which I can think of, would be to say—'when it forms a crisis.' I have not yet become so learned in my profession as to know exactly when this 'decision of the conflict between nature and distemper' takes place. When a person has been sick ten or fifteen days with typhous fever, the disease frequently becomes stationary, and we cannot see any perceptible change for several days; and then, in favorable cases, the fever begins to remit and to recede, as it purges the constitution and has no more fuel left to keep it burning.

The typhous fever of modern days is, most certainly, the same disease which in ancient times bore the name of slow, nervous fever—in every respect. Huxham was a famous writer upon it, long before it assumed the name of typhus; but typhus now seems to have become a great word—or rather, great use seems to be made of it, both by physicians and people. It is an easy word—all can use it; but few know or care whether it was derived from the Greeks or Cherokees: nor does the proper application and use of the word seem to be any object—so long as it answers their purpose, they are contented to use it *any* way. A medical *sprout* found an old man with a pain in his side; told him he had a typhous fever, and applied a blistering plaster, which relieved the pain. *Ergo*, the name of the disease must certainly be correct, because the remedy gave relief.

In a case of well-founded typhous fever, can anything be done to cut short the race of the disease? In many cases of indisposition accompanied with feverish symptoms, much good may be done, and the patients oftentimes entirely cured and restored to health much quicker than they would be if left without assistance. But when the seeds of this disease are sown in the human body, from a person sick with the same disease, and the disease is fully formed; or, in common phrase, 'when the fever is settled,' I cannot think that anything can be done to eradicate this disease from the constitution, any more than can be done to exterminate the measles or hooping cough, or any other contagious disease.

P. S. In a few instances of this disease, where the fever was severe and lasted long, I have known large quantities of grumous blood discharged by stool, in consistence and appearance much like the meconium of infants. These extraordinary appearances gave great alarm, but no harm resulted from them—the patients all recovered. Those who are in a convalescent state from this disease, secrete urine and sweat in large quantities.

FREE OIL EXISTING IN THE BLOOD OF CHOLERA PATIENTS.

[Communicated by Dr. Warren for the Boston Medical and Surgical Journal.]

New York, August 30, 1832.

Dear Sir,—I attended this morning—at the Crosby Street Hospital, through the politeness of Dr. Rhinelander, who has the charge of that institution, and where I have before witnessed very interesting dissections—the post-mortem examination of two subjects who died of cholera, and whose cases I communicate to you, for the purpose of announcing, if I am not mistaken, the discovery at that hospital of an oil existing in a free state in the blood. I have not seen this circumstance noticed by any writer; or if so, I have forgotten the fact. Dr. Gale, the chemist employed by Dr. Rhinelander, is the gentleman who first observed this phenomenon, and who has witnessed it in many instances. He has obligingly furnished me with his notes on this subject, which I shall append to the cases. Perhaps, too, you may derive some interest from the novelty of one of the patients having been transfused.

A. B., an athletic negro, aged about forty years, employed as a sailor, and of intemperate habits, was admitted, on the morning of the 29th, with the usual phenomena of malignant cholera. Vomiting and purging had occurred to a large extent. He died at three o'clock in the afternoon, and the dissection was commenced about eighteen hours after death. There was nothing remarkable in the external appearance of the body. The muscular substance presented the usual florid appearance. No sensible decomposition had taken place. The veins of the epiploon and mesentery more than naturally full. Small intestines of a pinkish color; large intestines nearly natural—not blanched; caput coli natural. These organs had a glutinous fluid on their exterior, which is often observed. The mucous tissue of the small intestines rather florid, but not minutely injected—the blood evidently existing in the veins; its texture firm, but not very grumous; the quantity of mucus natural, but creamy. The contents of the whole tract consisted of a large quantity of a fluid resembling oatmeal gruel. There was nothing unusual appertaining to the large intestines. The liver was very natural, and the gall bladder about half full of a light-colored bile, which escaped, on pressure, into the duodenum. There were also found three gall stones, of the size of a pea, in the duct. Bladder contracted, and containing about two drachms of a turbid yellowish fluid; quite vascular at its posterior part. Kidneys very large, but natural; a semi-purulent fluid oozed from the papillæ. Spleen flabby, and full of blood. Pancreas natural. The anterior portion of the lungs contained more than the natural proportion of blood, and the posterior still more—making a proper deduction for the position of the subject. The lungs otherwise healthy. The heart in all its cavities, and the large vessels, contained a considerable quantity of black blood. The substance of the heart was soft and flabby, otherwise natural. Numerous masses of firm coagulable lymph were found in this organ, and in the aorta at its origin—a circumstance which frequently occurs, even when dissections are made soon after death.

No fluid in any of the cavities.

The brain was perfectly natural—no fulness of its veins—perhaps rather less serum than should have existed. The arteries, as usual in choleric subjects, contained black blood. The par vagum and other nerves very natural.

The oil, to which I have adverted, was remarkably abundant in this subject. It covered the blood from whatever part abstracted, and floated in small and large globules on the surface of about one ounce, after standing an hour in a vessel, into which it had been received from the heart. There were two globules of the size of a common pea; the others were very numerous, but no larger than a grain of mustard. It was found in the large and small vessels—it was very distinct in the brain—it was as obvious in the kidneys, and in every part particularly examined. It resembles olive oil in appearance and consistence.

Case II.—The subject of this case was a white man, aged thirty-five years, a laborer, and intemperate. He was admitted in the forenoon of the 29th inst., and died at eight o'clock in the evening. His symptoms were very malignant, and presented a good specimen of the Asiatic cholera. He was transfused, five hours before death, with forty ounces of the common saline preparation. Dissection began fifteen hours after death. No particular evidence of decomposition. Body still quite livid. Muscles more than usually florid. Large veins of the abdominal viscera rather fuller than natural. The omentum more than usually vascular and florid. The stomach externally and internally natural—no fulness of its vessels, and no softening of the mucous tissue. Small intestines of a light blush of redness, but scarcely pathologiac; inner membrane rather more than naturally vascular, and the blood existing in the extreme vessels; its texture firm, and distributed on its surface were numerous enlarged follicles. The mucus here, as in the continuous organs, natural in quantity, and of a creamy consistence and appearance. Large intestines perfectly natural. These organs were much inflated, and contained a large quantity of a light-colored fluid, intermixed with a pultaceous substance. Their surface was covered with a transparent glutinous fluid. In the stomach were found several large pieces of pickled cucumber, which had been swallowed without mastication. In the large intestines, as also in the other subject, the mucous tissue was easily detached, by pulling, from the serous. Not so in the small intestines. I have often remarked this circumstance in other subjects, and have found it existing in the small intestines. The liver was natural, and the gall bladder distended with black bile, which was easily expressed into the duodenum. The kidneys natural, and the same muco-purulent fluid as in the other case exuded from the papillæ in a small quantity. Spleen and pancreas natural. The bladder was not contracted, and it contained half a pint of a light-straw-colored urine. This is the first instance in which I have found more than half an ounce of that fluid. The lungs, posteriorly, were gorged with black blood; their structure healthy. The cavities of the heart and large vessels contained rather a large quantity of *black* blood, in which were discovered large concrete masses of coagulable lymph—some of them in the aorta, and some in the pulmonary artery. The substance of the heart was soft and flabby, and a few purple patches were observed on its surface—an appearance which is not common with us. The brain was in all respects natural; its consistence usual; the blood-vessels not half filled; but there was more than half an ounce of serum in the ventricles.

In this subject the free oil was seen floating on the blood which was taken from the heart, from the kidneys, the brain, &c.; but in less remarkable quantities than in the former case. I could perceive no difference in the color of the blood of this injected subject, from what occurs in all cholerics, excepting in the minute vessels of the membraceous organs, and in the brain, where it was more florid. I think, also, the fluidity was greater, although the quantity transfused was not large.

In an unfinished letter to you, I have adverted to the dissection of another transfused subject, in which the appearances are nearly coincident with this case.

The following is the statement referred to from Dr. Gale :—

Dr. M. Paine,

Dear Sir,—Your request concerning the oily matter which I have noticed in the blood, I am happy to gratify, as far as I am able. The oily matter referred to above, is not that described by Lecanu, as discovered by Schwilgué. The former is obtained by solution of the solids contained in the blood, in alcohol; the latter is found floating on the surface of the blood when taken from the body. The proportions vary with the stage of the disease, increasing as it is more advanced. Indeed, I have scarcely found any appreciable amount in patients that were not in a stage of collapse. It is greater after death than the usual increased proportion would furnish; or in other words, the proportion is a constantly increasing one. The case you saw here last, I think, is a fair sample exhibited by post-mortem examinations. The portion of the oily matter in eight cases has been from one half to two per cent., which is the greatest proportion I have seen in any case.

The matter above mentioned, I believe, has not been described by any writer on the subject; and though I have by no means found it in all the patients examined, and from whom I have taken cholera blood, yet in every case, except one, of post-mortem examination, I have perceived the oily matter, sooner or later, floating on the surface of the blood.

I have not yet ascertained whether it be a peculiar principle, or whether it be only the same as that described by Lecanu. I shall examine this matter as soon as I find leisure.

Respectfully yours, L. D. Gale.

The case alluded to as 'a fair sample,' is that of the sailor. The blood was rather more than usually abundant in the heart and large vessels, of diminished fluidity, and very dark in the arterial system.

Very respectfully and very truly your friend,

John C. Warren, M.D. Boston. Martyn Paine.

TREATMENT OF CHOLERA.

It has been already hinted, that it is in the forming stage only of the cholera we can do much good; and here we can probably cure nine cases in ten. The general principles of treatment are well known to the faculty. The best mode of accomplishing the obvious indications is yet a fair subject of discussion; and as connected with and illustrating this point, we offer the following note, published in a late London periodical, by Thos. Buchanan, an English surgeon of great respectability.

After some introductory observations, the author remarks :—

To enter into the symptoms, origin, and history of cholera, at present, is foreign to my intention. I shall here merely remark, that, from all I can glean, either from essays, periodicals, or oral relation, aided by my own observations on the several cases that have fallen under my care, this disease arises from malaria, *sui generis*, combined with a certain state of the atmosphere which acts with fatal rapidity on the human frame—affecting particularly the large glands—when debilitated by passion, fatigue, recent disease, exposure to the atmosphere in a languid state with an empty stomach, but more especially when the person suffers from destitution.

From this view of the subject, I was led to consider the disease as somewhat similar to the worst cases of English spasmodic cholera, modified by climate, constitution, &c.; and that if I could combine or form any medicine, so as to determine powerfully to the surface of the body, and thereby promote profuse perspiration, the distressing symptoms would subside, or at least be greatly relieved. It is needless to tire you with an account of the various pharmaceutical experiments which I made, in order to form a mixture which would produce the effect desired. The following *recipe* is the result of my investigations :—

R. Ol. Olivar. : Tr. Acet. Opii gtt. xc. ; Ol. Cinnam. gtt. xx. ;
Tr. Iodinæ gtt. x. ; Spt. Vini Rect. ℥j. ; Spt. Æth. Sulph. ʒj. ;
Tr. Acaroid. ʒij. M. ft. Mistura.

To this mixture I sometimes add from thirty to sixty drops of tr. assafœt. with the very best effect. On visiting a patient with symptoms of cholera, I give the one half of the above mixture, and the other half in about an hour afterwards, unless previously ejected; then I administer a fresh dose. If the case be very violent, I give the whole of the above mixture, and order additional blankets to be spread over the sick person, with stone bottles filled with hot water to be applied to the feet. This generally produces warmth and cessation of pain in a few minutes, especially in the milder cases. The patients have always expressed their satisfaction in the restorative and invigorating qualities of the medicine. After one or two doses have been administered, the pulse rises, the extremities become warm, the face resumes its natural color, and profuse perspiration takes place over the whole body. When the spasmodic symptoms have been very severe, there is generally great debility of the system, for which I have given the decoct. dulcam. with good effect, keeping the bowels open by means of the following mixture :—

> R. Pulv. Rhei. Pulv. Carb. Magnes. āā ʒss. Spt. Annis. gtt. xxx. Aquæ Cinnam. ℥vij. M. ft. Mistura. Cap. Coch. ij. Mag. ter in die.

If the consecutive fever ran high, with strong pulse, I have taken from six to ten ounces of blood, and given a mixture of the Carbonate of Soda in Aqua Cinnam. But in general, the great and profuse perspiration relieves the whole system ; and except debility, and sometimes dyspepsia, the rest of the treatment consists in relieving any symptom which may arise from confinement, &c.

A table which follows the above, consists of a minute account of 24 patients, with their names, residences, &c. who were treated as described by Mr. B. The success is remarkable if the cases were severe, on which very important point the author is, unhappily, silent. It is stated, however, that, with the exception of two individuals, none found it necessary to repeat the dose more than three times, and most of them but once.

ANEURISM OF THE CAROTID ARTERY.

Wound of the Carotid Artery, Followed by Aneurism, and Cured by Ligature. By Edw. Fras. Dehane, M.R.C.S., of Eng.

Louisa Newell, a delicate girl, ten years of age, on the 4th January last, in the act of going down stairs with a dish in her hand, slipped down, and in her fall broke the dish, a sharp point of which punctured the neck. On my arrival, a few minutes after the accident, I found the little girl bleeding profusely from a wound about an inch above the clavicle, in the course of the carotid artery on the right side. About two pounds of blood had been already lost, and she appeared rapidly falling into a state of syncope—her lips being pallid, her skin cold and clammy, and the pulse at the wrist not to be felt. The wound in the neck might be large enough to admit the end of the finger.

Being doubtful whether the patient would revive, I immediately applied a compress of lint over the wound, and caused it to be retained there by pressure, and, in the meantime, prepared ligatures, &c., to secure the bleeding vessel, but was surprised, upon its removal, to find that there was no hæmorrhage, notwithstanding she had very much revived from the state of syncope she had fallen into. I however waited some time, under the expectation of its renewal, but which did not follow, owing, as I suppose, to the obliquity of the puncture. I therefore secured the compress, and, having placed my patient in bed, left her. It was not until the fifth day afterwards that I removed the compress, when I found that the external wound had healed, but perceived a small pulsating tumor a little above the puncture. I desired the child to be kept quiet, and continued the pressure, both upon and below the tumor, as tight as it could be borne ; it, notwithstanding, gradually increased, but not so much as to be very perceptible, till the night of the 19th, when it suddenly became enlarged to the size of a walnut, pulsating under the sterno cleido mastoideus muscle, and extending beyond it, and evidently in the line of the carotid—upon pressing which, all pulsation in the tumor ceased. At my visit on the following morning, I proposed to take up the vessel, which was immediately assented to by the parents of my little patient.

Having requested the attendance of my brother, Dr. Dehane, and Mr. Thompson, surgeon of this town, they agreed with me in opinion that no further time should be lost in performing the operation.

The patient being placed on her back, with her head inclining over the left shoulder, I commenced an incision from the base of the tumor, following the course of the sterno mastoideus muscle along its inner edge down to the clavicle. More difficulty was experienced in getting at the vessel than I had anticipated—the space between the base of the aneurism and bone not exceeding one inch, which small space was crossed by the thyroid veins, and moreover the depth of the cellular membrane was considerable, so that I could barely feel the vessel, with the point of my finger, by forcibly pushing back the sterno mastoideus muscle. I therefore found it necessary to extend the incision in a direction upwards and backwards, somewhat above the tumor; by doing which, I was at length enabled to get a sufficient space to pass my ligature round the vessel. This, however, I was unable to effect with the common aneurismal needle, but succeeded with an eyed probe, which I bent to an acute angle, and passed under the artery, armed with a single silk ligature; this being drawn tight, I had the satisfaction to find that all pulsation stopped in the tumor. The operation was thus concluded, without any further loss of blood than the trifling quantity which followed the first incision. I placed my patient in bed, and, having exhibited an anodyne, left her. At my visit in the evening, I found her tranquil, and free from pain; the right side of the face, which had become cold on tying the ligature, had resumed the natural temperature, and the pulse at the wrist was regular.

January 21st, 9, A. M.—Patient has slept well, but complains of a little thirst; pulse 125; skin rather warmer than natural; no pulsation in the tumor. At 10, P. M., has had more refreshing sleep; tongue slightly furred.—A saline aperient given, but has not acted; to be continued 3tis horis.

22d.—Slept well; skin more cool; pulse 125; bowels have not yet acted; wound looking well.—To take Ol. Ricini, ʒss. 2dis horis.

23d.—Bowels have acted—has had two motions; skin cool; pulse 120; tongue less furred; has passed a good night.

24th.—Slept well; pulse 110; wound uniting at upper part; slight watery discharge from the inferior part.—Cont. Mist. Salin. Aper.

25th.—Going on well. From this time to the 31st, when the ligature came away, no bad symptom had occurred. Pulse is now 90; discharge more healthy, and much less in quantity; wound nearly closed, and the aneurism diminished to about the size of a Spanish nut. About a fortnight after the last report the wound had quite healed, and the aneurismal tumor scarcely perceptible.—*Medical Gazette.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 12, 1832.

CASES OF CHOLERA IN BOSTON.

The following is an account of the fourth case of the malignant cholera that has occurred in this city, as communicated by Dr. Wood, the attending physician. The post-mortem examination of the fifth and last case, which occurred on the 7th, will be published in our next number.

On the 30th ult., a case of malignant cholera occurred in the neighborhood of Ann Street. The subject of this case was Clarissa Newell, aged thirty, of dissolute and very intemperate habits. On the 29th, the patient, laboring under slight indisposition, was induced to take a very considerable dose of epsom salts (about ʒiss.); the consequence was, a profuse diarrhœa, which eventually terminated in cholera. A few hours after taking the medicine above mentioned, she very imprudently ate two cucumbers. Severe vomiting and purging occurred on the night of the 30th, about twelve o'clock. Two hours subsequent to this period, spasms commenced, and continued, with little intermission, until eleven o'clock. I saw her, for the first time, seven hours after the attack. The case had then become asphyxia; extremities cold and leaden colored; retchings violent; dejections involuntary; spasms of stomach and extremities; thirst extreme; tongue moist, coated, and somewhat cold; micturition totally suspended; abdomen hot and tender upon pressure, particularly about the epigastric region. Powders composed of ten grains of calomel and one grain of opium were prescribed, to be followed, each quarter of an hour, by two grains of camphor and two grains of calomel. To the abdomen and hands were applied sinapisms. A capsicum bath, as hot as might be tolerated, ordered for the feet; sinapisms afterwards; bottles of hot water for body and extremities. Shortly after the above orders were carried into operation, Drs. Bigelow, Stevenson, McKean, and Lewis, visited the patient with me. A temporary restoration of the pulse and evanescence of lividity were the only palpable amendments. The various remedies applied in this case proved devoid of any material efficacy, and the patient gradually sank.

The post-mortem examination was instituted three hours after death. In dividing the connecting medium between the sternum and mediastinum, a large vessel was opened; whether of the heart or not, is dubious. A large stream of blood followed the division, and more than half a pint was discovered in left side of the thorax. Lungs partially collapsed and crepitant; their appearance healthy, excepting a few old adhesions. Heart healthy in structure; its right auricle somewhat gorged, other cavities nearly empty; the left ventricle contained a small quantity of coagulated, black blood. Liver enormous in size, and paler than usual; may be plausibly ascribed to habits of ebriety. Gall bladder very full, but pervious. Serous coverings of the viscera present but little deviations from the healthy state. Vessels of the mesentery full of blood. Stomach distended with gas and fluid, apparently the drinks used in the course of the day. Mucous membrane rather pale, except a little below cardiac orifice at the inferior curvature, there was a patch about the size of the palm of the hand of a dirty rose color. Intestines contain more or less fluid throughout ; more abundant, flocculent, and of a whiter color, in small intestines than large. The mucous membrane of the small intestines, generally, was coated with a white, glairy, adhesive matter of the consistence of cream. The mucous membrane of this portion of the canal was highly injected, presenting a uniform rosy color ; the mucous glands were enlarged, and of a dark red color. Bladder much contracted ; its cavity very small, and containing over a teaspoonful of creamy matter. The lining membranes of the pelves of the kidneys coated with a similar substance.

EFFECT OF INHALING THE ATMOSPHERE EMANATING FROM THE PERSON OF A CHOLERA PATIENT.

The following account of personal experience on this subject is given by M. Recamier, one of the physicians of the Hotel Dieu in Paris.

'From the first days of the appearance of this malady, I had been struck in the presence of certain patients with a peculiar, and, as it were, metallic odor, and with a sense of dryness in the mouth, during my visit at the hospital.

The 9th of April, at my evening visit, I approached a choleric woman, in the last period of the blue stage. The skin was cold, and moistened with a sweat, which, as well as her breath, presented, in the highest degree, the peculiar odor already mentioned.

While I questioned this patient, being placed opposite her, I felt my mouth become dry, exactly as if I had gargled it with a solution of green vitriol. This dryness continued more than half an hour, and did not cease till I had spit several times. In the evening my appetite was diminished, and I experienced unusual borborygmi. These continued the next morning : I breakfasted with less appetite, and took a little mint-water to assist digestion. In the afternoon I had one liquid stool. Up to this time I had experienced no kind of derangement in the functions, notwithstanding excessive fatigue from loss of sleep. In the evening I took, us usual when fatigued, a bath at 25 deg. R., in which, as is also my custom, I washed my face and head with water at 16 or 17 deg.

The bath gave me much relief. There were, however, several liquid stools during the night, and the borborygmi continued. After the bath, I had a conference with Dr. Cayol, to whom I communicated my symptoms. It was agreed that I should take rest and favor perspiration.

Early on the 11th, I was visited by Drs. M. de Kerloy and S. de Lhuys, who are acquainted with my habits in health ; afterward by M. Cayol, then by M. Wolowski. Neither of these gentlemen nor myself finding anything peculiar in the state of the circulation, I took three or four doses of six drops of laudanum, at intervals of two hours, in mint-water.

In the afternoon the pulse was more developed, the skin better colored, and the stools were suspended. M. Wolowski bled me in the arm, after which I perspired and continued to drink rice water. The blood drawn from the vein was rich, but less red than usual. In the evening and night I took some spoonfulls of rice, which passed very well.

12th. Some fatigue in the day, and laudanum suspended. In the evening, a return of the liquid stools to the number of six or seven.

13th. In the morning a warm pediluvium, warm cataplasm on the hypogastrium ; drink of decoction of salep ; feeling of diaphoresis, which continued the whole day ; diminution of borborygmi ; four doses of laudanum during the day.

On the 14th—rice broth answered as well, or better, than the salep had done ; this day two stools, with a sensation of faintness. Took, as a lavement, one quart of rice water, with twelve drops of laudanum ; afterward three or four spoonfulls of rice. I experienced the same feeling of faintness as soon as digestion was performed. On the 15th my health continued to improve. On the 16th convalescence was confirmed, but the sense of faintness after taking food continued. The urine continued cloudy several days.'

M. Recamier then mentions, cursorily, several cases analogous to his own, which occurred in persons attending on the same hospital. He concludes, from all these facts, that patients in the blue stage appear to communicate the disease to those inhaling, for a long time, the vapor from their bodies, or breath, and at the same time swallow the saliva ; but that all danger may be averted by taking the precaution to turn toward the foot of the bed, and not to be in the direction of their breath and the emanations from their bodies.

Whatever degree of importance be attached to the facts or the reasoning in the above case, it is certain that, on the whole, physicians, attendants, nurses and domestics, in hospitals containing cholera patients, have enjoyed a remarkable degree of immunity from the disease. This is, generally, adduced as an argument against its contagious character. Such it undoubtedly is, although the evidence has been somewhat differently stated by the supporters of the opposite doctrines. But, in order to estimate fairly the bearing which this general fact, if admitted, ought to have on the argument, it is just to consider what circumstances in hospitals would tend to render the miasma, if generated by the persons of the sick, innoxious to those brought within the sphere of its ordinary influence.

In regard to the buildings themselves, the leading circumstances favorable to diluting the miasma would be the free admission into the wards of the external air. It is evident, at first view, how great an advantage, in regard to ventilation, a well situated and well regulated hospital enjoys over most of the houses inhabited by the poor in cities. The size of hospital wards, compared with that of the usual apartments of the poor, is, in this respect, of great advantage. It is true, that these wards may contain several patients ; but a large room, containing twenty beds, and having numerous windows facing in opposite directions, can obviously be better ventilated than a small apartment, with a single inlet for the outward air, although the number of patients it contains may not exceed two or three. It may be added, that, with equal means of ventilation, the rooms of poor patients, when sick at their own houses, are not so likely to have the air admitted into them as the wards of a hospital. Whether this be, in all cases, in favor of the latter, may be disputed. But, considered with reference to the means of preventing infection, there can be no doubt that it is so.

Another advantage, in this respect, enjoyed by hospitals, consists in the immediate removal of nuisances as they occur. Without going to the same length as a late writer in an English periodical, and saying that cholera is propagated wholly by the evacuations from patients laboring under it, we shall take it for granted that, if contagious at all, it must be so, in a considerable degree, by this means. The immediate removal of these evacuations, therefore, which of necessity takes place in hospitals, and which is very frequently neglected in the habitations of the poor, is a circumstance of no small moment in favor of the former. The same remark may be applied to the early removal of soiled linen, and in fact to every circumstance of neatness and care which characterizes a well ordered public establishment.

There are some circumstances, also, in the persons of those exposed in hospitals, as compared with those similarly exposed in private dwellings, which must tend, on the whole, to procure to the former an exemption from contagious influence. The attendants in public hospitals, generally, are, and certainly should always be, neat in their persons, temperate in their habits, regular in their hours, and free from depressing emotions. Those attending on the sick poor in private houses are often dirty, irregular in the use of food, if not actually intemperate, obliged to unite in the same person the offices of nurse and watcher, and this often under the influence of fear on the one hand, or the equally depressing influence of that personal attachment which wastes the body by anxiety as well as labor, and renders the effect of fatigue insensible until the system is utterly exhausted and falls an easy victim to the inroads of the destroyer. If these considerations, and many others which might be adduced, be allowed their due weight, the degree of exemption enjoyed by the inmates of hospitals will, without involving the question as to the nature of the disease, appear, in some measure, to be accounted for.

Case of Ligature of the Penis.—The following is a curious case, and might be interesting as a medico-legal fact. A Jewish boy, four years old, was suckled by a nurse whom the family became dissatisfied with and dismissed. Two days afterwards, Dr. G. was sent for, on account of painful swelling of the boy's penis. On accurate examination, he found a long hair of the head five times wound round the root of the penis, precisely in the same furrow, and each time tied firmly with a knot. With great difficulty the hair was discovered, and removed from the deep incision it had made ; after which, emollient applications speedily healed it : but, had it remained a short time longer, gangrene would inevitably have occurred. 'Very probably,' says Dr. G., 'the nurse wished in this manner to avenge herself for her dismissal.'—*Rust's Magazine.*

Foreign Substances in the Body.—Glass. A man accidentally broke a bottle in pieces in his hands ; he picked out all the fragments, as he thought, and the wounds soon healed. Still, when working, he constantly felt pains in one hand, and sometimes it used to swell greatly. In twelve years and a half after the accident, he had occasion to make a great exertion with the same hand, whereupon he felt a violent pain in it, which lasted for some weeks. An opening then appeared on the palm, and a surgeon, on probing, found some foreign substance, at considerable depth from the surface. He enlarged the opening, and extracted a splinter of glass, one third of an inch long, and a line in thickness, together with three smaller pieces, which had probably been broken off from the larger one.

A Needle. A man felt a stinging pain in the upper part of the right arm; a surgeon put a plaister on the spot, and for years he felt neither pain nor swelling. On a sudden he felt the same kind of stinging at the opposite side of the arm, and a needle, nearly three inches long, was extracted from it. He could not tell how the needle got into the arm.

A Pin. A woman got a blow upon her breast, and thought she felt a pin stick in her. Seven years afterwards, as she was washing herself, she observed a pin protruding from the skin of the part, and succeeded in extracting it.—*Rust's Magazine.*

☞ Several valuable communications were received too late for insertion in the present number.

Whole number of deaths in Boston for the week ending Sept. 8, 32. Males, 14—Females, 18—Still-born, 1.

Of inflammation in the bowels, 2—scarlet fever, 3—intemperance, 2—canker, 3—paralysis, 2—consumption, 4—infantile, 3—dropsy in the brain, 1—typhous fever, 3—bilious colic, 1—abscess, 1—lung fever, 1—dysentery, 1—malignant cholera, 1—inflammation in the stomach, 1—accidental, 1—cholera morbus, 1.

ADVERTISEMENTS.

BOYLSTON MEDICAL PRIZE QUESTIONS.

At the Annual Meeting of the Boylston Committee on Prize Questions, held on Wednesday, the 1st day of August, 1832, a premium of Fifty Dollars, or a Gold Medal of that value, was awarded to Robert W. Haxall, M.D., of Richmond, Virginia, for a Dissertation on the following question: 'What is the cause of Fistula Lachrymalis; and what is the best mode of treating this disease?'

The following questions for 1833 are before the public, viz: 1st. 'The History of the Autumnal Diseases of New England.'

2d. 'What Insects in the United States, and particularly in the Northern part, are capable of inflicting poisonous wounds? The phenomena of such wounds, and the best mode of remedying their ill consequences?'

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1833.

The following questions are offered for the year 1834, viz: 1st. 'What is the true nature of Polypus in the nostrils; and in what manner may the disease be best treated?'

2d. 'Are the restrictions on the entrance of vessels into port, called Quarantine Laws, useful? If so, in what cases should they be applied?'

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1834.

The author of the successful dissertation on either of the above subjects, will be entitled to Fifty Dollars, or a Gold Medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they are received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith. GEORGE HAYWARD, Secretary.

Boston, August 4, 1832.

HARVARD UNIVERSITY.

MASSACHUSETTS MEDICAL COLLEGE.

The Medical Lectures in Harvard University will begin in the Medical College, Mason Street, Boston, on the third Wednesday in October, at 9 o'clock, A. M., and be continued four months.

Anatomy and Surgery, Dr. Warren.
Chemistry, Dr. Webster.
Materia Medica, Dr. Bigelow.
Midwifery and Medical Jurisprudence, Dr. Channing.
Demonstrations in Anatomy, Dr. Lewis.
Theory and Practice of Physic and Clinical Medicine, Drs. Jackson and Ware.

At a meeting of the Medical Faculty, held February 17th, 1832, it was

Voted: That in all future examinations for the Degree of Doctor in Medicine, examinations in Natural Philosophy and in the Latin language shall be conducted in the same manner as the examinations in the other branches required by the Statutes; and that an acquaintance with these branches will be insisted on as requisite for the admission to the degree.

The examination in Latin will be made in Cicero's Select Orations; and in Natural Philosophy, in Grund's Elements of Natural Philosophy.

WALTER CHANNING,
Dean of the Medical Faculty.

Boston, July 24, 1832.

The Massachusetts General Hospital is open to the Medical Class for the practice of Medicine and Surgery.

The amount of Fees will be the same as heretofore.

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